



Incident Report

Print Date/Time: 06/26/2016 11:44
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00011232

Incident Date/Time: 6/11/2016 4:44:36 PM
Location: LUNDEEN PKWY / SR 9 NE
LAKE STEVENS WA 98258

Incident Type: Collision
Venue: Lake Stevens

Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
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Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AET1076	
Involved Vehicle						AWN8636	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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06/11/2016 : 17:14:12 SP0274 Narrative: TOW OS

06/11/2016 : 16:57:19 SP0407 Narrative: ANGEL TOW ER

06/11/2016 : 16:53:05 SP0407 Narrative: REQ TOW, 4 ROUND, FRONT END DAMAGE


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E552514

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL
RESERVATION**
CASE # **2016-0011232**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	06	-	11	-	2016			1644	31				<input checked="" type="checkbox"/>	0664	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 9**BLOCK NO. ☒**2100**

MILE POST

DISTANCE	30	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	LUNDEEN PARKWAY
			FEET	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> W		

UNIT 01MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253452325

LAST NAME

MONROE

FIRST NAME

MARILYNNMIDDLE
INITIAL**S**STREET
NEW ADDRESS**27420 CHURCH CREEK LOOP NW**

CITY

STANWOOD

ST

WA

ZIP

982929597

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE #**MONROMS328P2**

STATE

WASEX **F**D.O.B.
MMDDYYYY**10****22****1968**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AET1076**

STATE

WA

VIN#

3VWPL7AJ3CM603349TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2012

MAKE

VOLK

MODEL

JET4D

STYLE

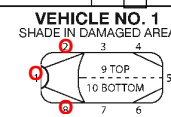
SWVEHICLE TOWED
YES ☒ NO ☐

TOWED BY

ANGEL TOWINGGOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **JEFF MONROE 27420 CHURCH CREEK LOOP NW STANWOOD WA 98292**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **ALLSTATE 917964943**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

**UNIT 02**MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252444689

LAST NAME

PECKINPAUGH JR

FIRST NAME

DONALDMIDDLE
INITIAL**J**STREET
NEW ADDRESS**5608 74TH DR NE**

CITY

MARYSVILLE

ST

WA

ZIP

982708898

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**PECKIDJ366CP**

STATE

WASEX **M**D.O.B.
MMDDYYYY**02****17****1964**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AWN8636**

STATE

WA

VIN#

1HGCMT72656A006909TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2006

MAKE

HOND

MODEL

ACDCP

STYLE

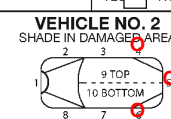
CPVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **DONALD PECKINPAUGH 5608 74TH DR NE MARYSVILLE WA 98270**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GEICO 4419-00-04-29**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E552514**CASE # **2016-0011232**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling north on SR 9 NE passing the intersection with Lundeen Parkway. Unit 2 was traveling north on SR 9 NE passing the intersection with Lundeen park and starting to slow down. Unit 1 did not slow down in time and struck unit 2.

Unit 1 was towed from the scene and unit 2 drove from the scene.

Unit 1 was at fault due to following too closely.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
06-11-16 06:28 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

6/12/2016 9:24:24 AM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

4:44 PM

TIME POLICE ARRIVED

4:47 PM

REPORT NO. E552514

CASE # 2016-0011232

DATE AND TIME
OF COLLISION 06/11/16 16:44



Not To Scale

SR 9 NE (2100 Block)

